

Fill in this information to identify the case:

Debtor name Passage to India, LLC

United States Bankruptcy Court for the: District of Pennsylvania Middle

Case number (If known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 206A/B

# Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

### Part 1: Cash and cash equivalents

#### 1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ _____		
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	_____	\$ _____
3.2. _____	_____	_____	\$ _____
4. Other cash equivalents (Identify all)			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ _____		

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

### Part 2: Deposits and prepayments

#### 6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.  
 Yes. Fill in the information below.

#### 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. _____	\$ _____
7.2. _____	\$ _____

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_  
8.2. \_\_\_\_\_ \$ \_\_\_\_\_**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ - face amount \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

11b. Over 90 days old: \_\_\_\_\_ - face amount \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ \_\_\_\_\_

**Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_  
14.2. \_\_\_\_\_ \$ \_\_\_\_\_**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_  
15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_  
16.2. \_\_\_\_\_ \$ \_\_\_\_\_**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**20. Work in progress**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**21. Finished goods, including goods held for resale**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**22. Other inventory or supplies**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$ _____
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**24. Is any of the property listed in Part 5 perishable?**

No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops—either planted or harvested**

_____	\$ _____	_____	\$ _____
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**29. Farm animals** Examples: Livestock, poultry, farm-raised fish

_____	\$ _____	_____	\$ _____
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**30. Farm machinery and equipment** (Other than titled motor vehicles)

_____	\$ _____	_____	\$ _____
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**31. Farm and fishing supplies, chemicals, and feed**

_____	\$ _____	_____	\$ _____
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**32. Other farming and fishing-related property not already listed in Part 6**

_____	\$ _____	_____	\$ _____
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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?** No Yes. Is any of the debtor's property stored at the cooperative? No Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?** No Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. **Office furniture**

\$ \_\_\_\_\_

40. **Office fixtures**

\$ \_\_\_\_\_

41. **Office equipment, including all computer equipment and communication systems equipment and software**

\$ \_\_\_\_\_

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 \_\_\_\_\_ \$ \_\_\_\_\_

42.2 \_\_\_\_\_ \$ \_\_\_\_\_

42.3 \_\_\_\_\_ \$ \_\_\_\_\_

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ \_\_\_\_\_

44. **Is a depreciation schedule available for any of the property listed in Part 7?** No Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

**49. Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

_____	\$ _____	_____	\$ _____
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**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$ _____
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**52. Is a depreciation schedule available for any of the property listed in Part 8?**

No

Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No

Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?** No  
 Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No  
 Yes**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**60. Patents, copyrights, trademarks, and trade secrets**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**61. Internet domain names and websites**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**62. Licenses, franchises, and royalties**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**63. Customer lists, mailing lists, or other compilations**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**64. Other intangibles, or intellectual property**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**65. Goodwill**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ \_\_\_\_\_

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - \_\_\_\_\_ = ➔ \$ \_\_\_\_\_

Total face amount

doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_  
**Amount requested** \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_  
**Amount requested** \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\_\_\_\_\_ \$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No  
 Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 0.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. Copy line 43, Part 7.	\$ 0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. . . . .	\$ 0.00	→ \$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+\$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 0.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 0.00

Fill in this information to identify the case:

Debtor name Passage to India, LLC  
United States Bankruptcy Court for the: District of Pennsylvania Middle  
Case number (If known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 206D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

**2.1 Creditor's name**

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

\_\_\_\_\_

\_\_\_\_\_

Describe the lien

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**2.2 Creditor's name**

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

\_\_\_\_\_

\_\_\_\_\_

Describe the lien

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 0.00 \_\_\_\_\_

Fill in this information to identify the case:

Debtor Passage to India, LLC  
United States Bankruptcy Court for the: District of Pennsylvania Middle  
Case number (If known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address City of Harrisburg- City Treasurer 10 North 2nd Street, Suite 103 Harrisburg, Pennsylvania 17101  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>Unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Taxes and Other Government Debts Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
2.2 Priority creditor's name and mailing address City of Harrisburg- Tax and Enforcement Office 10 North 2nd Street, Suite 305 A Harrisburg, Pennsylvania 17101  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>Unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Taxes and Other Government Debts Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
2.3 Priority creditor's name and mailing address See Attachment 1 651 Boas Street Harrisburg, Pennsylvania 17121  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>0.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Taxes and Other Government Debts Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4	Priority creditor's name and mailing address  Internal Revenue Service See Attachment 2 Philadelphia, Pennsylvania 19114-0326	\$ Unknown	\$ Unknown
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )		
2.5	Priority creditor's name and mailing address  Keystone Collection Group PO Box 519 Irwin, PA 15642	\$ Unknown	\$ Unknown
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )		
2.6	Priority creditor's name and mailing address  See Attachment 3 P.O. Box 280904 Harrisburg, Pennsylvania 17128-0904	\$ Unknown	\$ Unknown
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )		
2.7	Priority creditor's name and mailing address  See Attachment 4 P.O. Box 280948 Harrisburg, Pennsylvania 17128	\$ Unknown	\$ Unknown
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )		

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8	Priority creditor's name and mailing address  See Attachment 5 P.O. Box 280504 Harrisburg, Pennsylvania 17128-0904	\$ Unknown	\$ Unknown
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )		
2.9	Priority creditor's name and mailing address  Pennsylvania Department of Labor and Industry 651 Boas Street Harrisburg, Pennsylvania 17102	\$ Unknown	\$ Unknown
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )		
2.10	Priority creditor's name and mailing address  Pennsylvania Department of Revenue Department 280946, Attn:Bankruptcy Harrisburg, Pennsylvania 17128-0946	\$ Unknown	\$ Unknown
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )		
2.11	Priority creditor's name and mailing address  _____ _____ _____	\$ _____	\$ _____
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( _____ )		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address ADT Security Services 3190 South Vaugh Way Aurora, Colorado 80014	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.2 Nonpriority creditor's name and mailing address AMEX 200 Vesey Street. New York, New York 10285	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.3 Nonpriority creditor's name and mailing address A-Plus Accounting & Tax Service P.C. 3705 Trindle Road Suite 111 Camp Hill, Pennsylvania 17011	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.4 Nonpriority creditor's name and mailing address ARCADIA 645 PENN ST. READING, Pennsylvania 19601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.5 Nonpriority creditor's name and mailing address BB amp; T PO BOX 1847 WILSON, North Carolina 27894	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.6 Nonpriority creditor's name and mailing address CAPITAL ONE PO BOX 30281 SALT LAKE CITY, Utah 84130	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address  Cohen, Seglias, Pallas, Greenhall & Furman P.C.  240 North 3rd Street 7th Floor  Harrisburg, Pennsylvania 17101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ Unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address  Comcast  1701 JFK Boulevard  Philadelphia, Pennsylvania 19103	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address  Dale McGuire Agency  P.O. Box 10  Duncannan, Pennsylvania 17020	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address  Davis Bucco Attorneys at Law  10 East 6th Avenue Suite 100  Conshohocken, Pennsylvania 19428	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address  Dempsy Uniform and Linen Supply  1200 Mid Valley Road  Jessup, Pennsylvania 18434	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address  East Coast Food Equipment Inc.  570 Industrial Drive Lewisberry, Pennsylvania 17339-9534	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address  Eddie's Furniture  200 South Cameron Street Harrisburg, Pennsylvania 17101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address  First Date Global Leasing  P.O. Box 173845 Denver, Colorado 80217	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address  Harrisburg Hospitality Group  525 S Front St Harrisburg, PA 17104	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address  Internists of Central PA  108 Lowther Street Lemoyne, Pennsylvania 17043	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address  JSD Law Offices  11 East Chocalate Avenue Suite 300 Hershey, Pennsylvania 17033	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address  Kint Corp.  1300 Crooked Hill Road Harrisburg, Pennsylvania 17110-9701	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address  Master Clean Specialty Cleaning Contractor  610 Blue Eagle Avenue Harrisburg, Pennsylvania 17112	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address  Millers Capital Insurance Company  3815 Tecport Drive Suite 200 Harrisburg, Pennsylvania 17111	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address  Norris McLaughlin & Marcus, PA  See Attachment 6 Bridgewater, New Jersey 08807	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22	Nonpriority creditor's name and mailing address  Paychex  1175 John Street West Henrietta, New York 14586	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address  Penn National Insurance  P.O. Box 2257 Harrisburg, Pennsylvania 17105-2257	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address  PPL Electric Utilities  P.O. Box 25239 Lehigh Valley, Pennsylvania 18002-5239	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address  Rewards Network  2 North Riverside Plaza Suite 200 Chicago, Illinois 60606	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address  Sanghu Enterprise LTD/ Devesh Shah  53 Indiana Circle Lemoyne, Pennsylvania 17043	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27	Nonpriority creditor's name and mailing address Swiss Colony/ Midnight Velvet 1112 7th Avenue Monroe, Wisconsin 53566	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ Unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address Swiss Premium Dairy 2401 Walnut Street Lebanon, Pennsylvania 17042	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address Sysco Central Pennsylvania, LLC 3905 Corey Road P.O. Box 3641 Harrisburg, Pennsylvania 17105	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address The Levington Law Firm LTD 3 Golf Center Suite 361 Hoffman Estates, Illinois 60169	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address TRANSWORLD SYS INC 500 Virginia Drive Suite 514 Fort Washington, Pennsylvania 19034	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32	Nonpriority creditor's name and mailing address Tucker Arensberg P.C.  2 Lemoyne Drive Suite 200 Lemoyne, Pennsylvania 17043	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ Unknown
3.33	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address UGI  PO Box 13009 Reading, Pennsylvania 19612	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
3.35	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address VERIZON WIRELESS  500 Technology Drive. Suite 550 Weldon Spring, Missouri 63304	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
3.37	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Wall and Associates, Inc.  P.O. Box 747 Marshall, Virginia 20116	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
3.39	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address Westfield Insurance  1 Park Circle P.O. Box 5001 Westfield center, Ohio 44251	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
3.41	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.2. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.3. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.4. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.5. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.6. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.7. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.8. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.9. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.10. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.11. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.12. _____	Line _____  <input type="checkbox"/> Not listed. Explain _____ _____	_____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a.

\$ 0.00

5b. Total claims from Part 2

5b.

+

\$ 0.00

5c. Total of Parts 1 and 2

\$ 0.00

Lines 5a + 5b = 5c.

Attachment  
Debtor: Passage to India, LLC      Case No:

**Attachment 1**

**Commonwealth of PA- Department of Labor and Housing**

**Attachment 2**

**Centralized Insolvency , Operations, P.O. Box 21126**

**Attachment 3**

**PA Department of Revenue- Bureau of Business Trust Fund Taxes**

**Attachment 4**

**PA Department of Revenue- Bureau of Compliance**

**Attachment 5**

**PA DEPARTMENT OF REVENUE-Bureau of Individual Taxes**

6.      **400 Crossing Boulevard 8th floor**  
**P.O. Box 5933**

Fill in this information to identify the case:

Debtor name Passage to India, LLC

United States Bankruptcy Court for the: District of Pennsylvania Middle

Case number (If known): \_\_\_\_\_ Chapter 7

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

**Fill in this information to identify the case:**

Debtor name Passage to India, LLC

United States Bankruptcy Court for the: District of Pennsylvania Middle

Case number (If known): \_\_\_\_\_

Check if this is an amended filing

# Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor		
Name	Mailing address		Name	Check all schedules that apply:	
2.1	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
	City	State	ZIP Code		
2.2	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
	City	State	ZIP Code		
2.3	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
	City	State	ZIP Code		
2.4	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
	City	State	ZIP Code		
2.5	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
	City	State	ZIP Code		
2.6	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
	City	State	ZIP Code		

Fill in this information to identify the case:

Debtor name Passage to India, LLC  
United States Bankruptcy Court for the: District of Pennsylvania Middle  
Case number (If known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 0.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 0.00

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D*.....

\$ .....

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*.....

\$ 0.00

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*.....

+ \$ 0.00

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 0.00

Fill in this information to identify the case:

Debtor name Passage to India, LLC  
United States Bankruptcy Court for the: District of Pennsylvania Middle  
Case number (If known): \_\_\_\_\_

Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From <u>01/01/2018</u> MM / DD / YYYY to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>56,514.00</u>
For prior year: From <u>01/01/2017</u> MM / DD / YYYY to <u>12/31/2017</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>78,366.00</u>
For the year before that: From <u>01/01/2016</u> MM / DD / YYYY to <u>12/31/2016</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>97,129.00</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From <u>MM / DD / YYYY</u> to Filing date	\$ _____
For prior year: From <u>MM / DD / YYYY</u> to <u>MM / DD / YYYY</u>	\$ _____
For the year before that: From <u>MM / DD / YYYY</u> to <u>MM / DD / YYYY</u>	\$ _____

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1.			
Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Street			
City _____ State _____ ZIP Code _____			
3.2.			
Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Street			
City _____ State _____ ZIP Code _____			

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.			
Insider's name		\$ _____	_____
Street			_____
City _____ State _____ ZIP Code _____			
Relationship to debtor			
_____			
4.2.			
Insider's name		\$ _____	_____
Street			_____
City _____ State _____ ZIP Code _____			
Relationship to debtor			
_____			

Debtor Passage to India, LLC  
Name

Case number (if known) \_\_\_\_\_

##### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
BB&T Creditor's name PO BOX 1847 Street	611 Showers St. Harrisburg, PA 17104		\$ 158,850.00
WILSON City	NC 27894		
BB&T Creditor's name PO BOX 1847 Street	109 Washington St. Harrisburg, PA 17104		\$ 132,101.00
WILSON City	NC 27894		See Attachment 1

##### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$ _____
Street			
City	Last 4 digits of account number: XXXX- _____		
State			
ZIP Code			

#### Part 3: Legal Actions or Assignments

##### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
See Attachment 2	civil	Dauphin County Court of Common Pleas Name 101 Market Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number		Harrisburg PA 17101 City State ZIP Code	
2017-CV-08381-EJ			
Case title		Court or agency's name and address	
7.2.		Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number		Street	
		City State ZIP Code	

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
Custodian's name	_____	\$ _____
Street	_____	Court name and address
City _____ State _____ ZIP Code	Case number	Name _____ Street _____
	Date of order or assignment	City _____ State _____ ZIP Code

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name Street City _____ State _____ ZIP Code	_____	_____	\$ _____
Recipient's relationship to debtor	_____		
9.2. Recipient's name Street City _____ State _____ ZIP Code	_____	_____	\$ _____
Recipient's relationship to debtor	_____		

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.	_____	_____	_____
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	_____	_____	\$ _____
	_____	_____	_____
	_____	_____	_____

## **Part 6: Certain Payments or Transfers**

## 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Offices of John M. Hyams		02/01/2019	\$ 3,500.00
Address			
2023 N. 2nd St.			
Street			
Harrisburg	PA	17102	
City	State	ZIP Code	
Email or website address			
Who made the payment, if not debtor?			
Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. ____		____	\$ ____
Address			
Street			
____			
City	State	ZIP Code	
Email or website address			
____			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$_____
<b>Trustee</b>	_____		

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
<b>Address</b> Street _____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b> _____			
13.2. _____	_____	_____	\$ _____
<b>Address</b> Street _____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b> _____			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy
14.1. Street _____	From _____ To _____
City _____ State _____ ZIP Code _____	
14.2. Street _____	From _____ To _____
City _____ State _____ ZIP Code _____	

**Part 8: Healthcare Bankruptcies**

**15. Healthcare bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Facility name	_____	_____
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City      State      ZIP Code	_____	Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. Facility name	_____	_____
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City      State      ZIP Code	_____	Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- No
- Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: \_\_\_\_\_

Has the plan been terminated?

- No
- Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	_____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Address</b> _____ _____			

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	_____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Address</b> _____ _____			

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____  Street _____  _____	_____	_____	\$ _____
City _____ State _____ ZIP Code _____			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____  _____	Name _____  Street _____  _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
City _____ State _____ ZIP Code _____			

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____  Street _____  _____	Name _____  Street _____  _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	
Street _____ _____	Street _____ _____	_____	
City _____	State _____	ZIP Code _____	City _____
			State _____
			ZIP Code _____

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ - _____ - _____ - _____ <b>Dates business existed</b> From _____ To _____
25.2. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ - _____ - _____ - _____ <b>Dates business existed</b> From _____ To _____
25.3. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ - _____ - _____ - _____ <b>Dates business existed</b> From _____ To _____

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address			Dates of service	
26a.1. <u>Reshma Sayed</u> Name <u>5000 Lenker Street, Suite 201</u> Street			From <u>01/01/2002</u> To <u>10/31/2018</u>	
<u>Mechanicsburg</u> <u>PA</u> <u>17050</u> City State ZIP Code				
Name and address			Dates of service	
26a.2. _____ Name  Street			From _____ To _____	
<u>City</u> <u>State</u> <u>ZIP Code</u>				

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address			Dates of service	
26b.1. _____ Name  Street			From _____ To _____	
<u>City</u> <u>State</u> <u>ZIP Code</u>				
Name and address			Dates of service	
26b.2. _____ Name  Street			From _____ To _____	
<u>City</u> <u>State</u> <u>ZIP Code</u>				

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address			If any books of account and records are unavailable, explain why	
26c.1. <u>Reshma Sayed</u> Name <u>5000 Lenker Street, Suite 201</u> Street			_____ _____ _____	
<u>Mechanicsburg</u> <u>PA</u> <u>17050</u> City State ZIP Code				

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2.

Name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.2.

Name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_

**Name and address**

26d.2.

Name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____

**Name and address of the person who has possession of inventory records**

27.2.

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Leena Shenoy	See Attachment 3	_____	100 _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. Leena Shenoy \_\_\_\_\_ 30,636.54 \_\_\_\_\_ wages \_\_\_\_\_

Name \_\_\_\_\_  
 3017 Meridian Dr. Unit F \_\_\_\_\_  
 Street \_\_\_\_\_

Mechanicsburg \_\_\_\_\_ PA \_\_\_\_\_ 17055 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to debtor \_\_\_\_\_  
 CEO \_\_\_\_\_

**Name and address of recipient**

Name \_\_\_\_\_

Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to debtor**

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No

Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

EIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No

Yes. Identify below.

**Name of the pension fund**

**Employer Identification number of the pension fund**

EIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/08/2019  
MM / DD / YYYY

s/Leena Shenoy

Printed name Leena Shenoy

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Chief Executive Officer

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

No  
 Yes

Attachment  
Debtor: Passage to India, LLC      Case No:

Attachment 1 Additional Repossessions, Foreclosures, and Returns:

Creditor's Name: Mihir Wankawala

Creditor's Address: 1650 Market St, Philadelphia, PA19103

Description of the Property: cooking items, personal property, cookware, dishware, pictures

Value of Property:

Attachment 2

Harrisburg Hospitality Group, LLC vs. Passage to India, Inc.

Attachment 3

3017 Meridian Dr. Unit F, Mechanicsburg, PA 17055

United States Bankruptcy Court  
DISTRICT OF PENNSYLVANIA MIDDLE

**In re**  
**Passage to India, LLC**

Case No. \_\_\_\_\_

**Debtor**

Chapter **7** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$ 3,500.00** \_\_\_\_\_

Prior to the filing of this statement I have received ..... **\$ 3,500.00** \_\_\_\_\_

Balance Due ..... **\$ 0.00** \_\_\_\_\_

2. The source of the compensation paid to me was:

Debtor

Other (specify)

3. The source of compensation to be paid to me is:

Debtor

Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 8, 2019  
*Date*

s/John M. Hyams  
*Signature of Attorney*

Law Offices Of John M. Hyams  
*Name of law firm*

**UNITED STATES BANKRUPTCY COURT**  
**District of Pennsylvania Middle**

**STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. § 341**

**INTRODUCTION**

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Bankruptcy Administrator has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of -

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts in bankruptcy;
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This statement contains only general principles of law and is not a substitute for legal advice. If you have any questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

**WHAT IS A DISCHARGE?**

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed in your bankruptcy schedules. A discharge is a court order that says that you do not have to repay your debts, but there are a number of exceptions. Debts which usually may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; debts which were not listed in your bankruptcy schedules; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to repay debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

**WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?**

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying debts that were not listed on your bankruptcy schedules or that you incurred after you filed bankruptcy. There are exceptions to this general statement. See your lawyer if you have questions.

**WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?**

After you file your bankruptcy petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court sixty (60) days after the first meeting of creditors.

Reaffirmation agreements are strictly voluntary. They are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt. This is particularly true when property you wish to retain is collateral for a debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues an order of discharge or within sixty (60) days after you filed the reaffirmation agreement with the court, whichever is later.

If you reaffirm a debt and fail to make the payments as required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any deficiency. In addition, creditors may seek other remedies, such as garnishment of wages.

**OTHER BANKRUPTCY OPTIONS**

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtors' farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtors must pay the chapter 13 trustee the amount set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

By signing below, I/we acknowledge that I/we have received a copy of this document, and that I/we have had an opportunity to discuss the information in this document with an attorney of my/our choice.

Date January 8, 2019

s/Leena Shenoy  
Passage to India, LLC